



# REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

Recreation Center: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: YES / NO Insurance Provider & ID Number: \_\_\_\_\_

Medicaid: YES / NO Area Office: \_\_\_\_\_ Case Worker: \_\_\_\_\_

## Proof of Residency

City of Atlanta Employees: **Employee ID #** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **or State of Georgia ID Card #:** \_\_\_\_\_

Please present one of the following documents as proof of residency

1. **Electric Bill #** \_\_\_\_\_
2. **Gas/Water Bill #** \_\_\_\_\_
3. **Telephone Bill #** \_\_\_\_\_

### OFFICE USE ONLY

☐ **RESIDENT**

☐ **NON-RESIDENT**

**PLEASE ATTACH A COPY OF ALL DOCUMENTS USED TO ESTABLISH PROOF OF RESIDENCY**

## Payments

Please make all payments payable to: **CITY OF ATLANTA OFFICE OF RECREATION.**

Please request a receipt for each payment. Make sure the participant's name, the name of the program(s), and the name of the center is placed on each **cashier's check**, **personal check** and/or **money order**. Please call 404-546-6788 if you do not receive a receipt.

Fees are due at time of registration.

No requests for registration refunds will be accepted after start of program participation.

☐ Check here for information on how to qualify for the City of Atlanta reduced rate.



# REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

**Please select the program(s) that you are registering for:**

☐ Senior Programs (50 yrs & up)

☐ Therapeutics Camp  
(Res: \$35/week; Non-Res: \$110/week)

☐ **Adult Programs** (18 – 49 yrs)

## **Athletics**

**ENTER ADULT ATHLETICS**

## **Aquatics**

### **Classes**

- ☐ Individual Swim Lessons (Minimum 3 lessons) (Res: \$35/hour; Non-Res: \$45/hour)
- ☐ Group Swim Lessons (30+) (Res: \$35/12 lessons; Non-Res: \$65/12 lessons)
- ☐ Mixed Group Swim Lessons (up to 10) (Res: \$65/12 lessons; Non-Res: \$80/12 lessons)
- ☐ Water Aerobics/Hydrotherapy (Res: \$55/12 weeks, 24 classes; Non-Res: \$70/12 weeks, 24 classes)

### **Lifeguard Training:**

☐ Course (Res: \$95; Non-Res: \$110)

☐ Review (Res: \$85; Non-Res: \$100)

### **CPR:**

☐ Course (Res: \$95; Non-Res: \$110)

☐ Review (Res: \$60; Non-Res: \$75)

☐ Water Safety Instructor Course (Res: \$125; Non-Res: \$140)

☐ Certified Pool Operator (CPO) Course (Res: \$235; Non-Res: \$250)



# REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

## WAIVER OF LIABILITY FORM

\_\_\_\_\_  
Name of Participant (Print Name)

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I \_\_\_\_\_ (Print Name), residing at \_\_\_\_\_, affirm that I am enrolled in the following Department of Parks, Recreation and Cultural Affairs Program(s):

Name of Program: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Dates: \_\_\_\_\_

I understand that in the rest of this Waiver of Liability Form, all of the programs listed above will together be called the "Programs", even if I am enrolled in only one, and the agreements I make in this Waiver of Liability Form refer to all of the programs listed above.

I acknowledge that I am aware of the activities that will occur during the Programs. I agree to assume all of the risks of participating in the Programs. I further agree to waive, release and discharge from liability and to indemnify, defend, and hold harmless, the City of Atlanta, its officials, employees, volunteers, agents, and representatives from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees and costs) arising out of or connected with the Programs, including without limitation any claim arising out of or connected with any illness or injury that I may incur or sustain during the Programs, during any and all activities associated with the Programs, and/or while traveling to and from a site for a an activity or trip of the Programs, whether or not the activity actually occurs. I further acknowledge that nothing in this Waiver of Liability Form constitutes a guarantee that the Programs will occur. In addition, I authorize and consent to my being photographed and/or videotaped, and for such photographs and/or videotapes to be used in any publicity, advertising and promotional materials and any other legitimate uses that the City of Atlanta, in its sole discretion, deems proper, and waive any right to review or approve in the future any such use.

I warrant that I have read this Waiver of Liability Form in its entirety and fully understand its contents. I have signed this Waiver of Liability Form voluntarily and of my own free will.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Facility Manager: \_\_\_\_\_

Signature of Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_



# REGISTRATION FORM



City of Atlanta ▪ Department of Parks, Recreation & Cultural Affairs

## OFFICE USE ONLY

Payment Method: ☐ Money Order ☐ Cashier's Check ☐ Personal Check ☐ CAPS ☐ Reduced Rate

Amount Paid \_\_\_\_\_ Date of Payment \_\_\_\_\_ Receipt No. \_\_\_\_\_

Group: ☐ Seniors (50+) ☐ Adults (18-49) ☐ Teens (13-17) ☐ Youth (5-12)

☐ Age verified for Youth and Teens enrolling in Athletics Program?